

UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF ILLINOIS

In re: DEREK L. COLEMAN § Case No. 07-72299
WANDA C. COLEMAN §
§
§
§
Debtors §

CHAPTER 13 STANDING TRUSTEE'S FINAL REPORT AND ACCOUNT

Lydia S. Meyer, chapter 13 trustee, submits the following Final Report and Account of the administration of the estate pursuant to 11 U.S.C § 1302(b)(1). The trustee declares as follows:

- 1) The case was filed on 09/26/2007.
- 2) The plan was confirmed on 06/09/2008.
- 3) The plan was modified by order after confirmation pursuant to 11 U.S.C § 1329 on 08/28/2009, 05/14/2010, 05/13/2011.
- 4) The trustee filed action to remedy default by the debtor in performance under the plan on NA.
- 5) The case was completed on 10/24/2012.
- 6) Number of months from filing or conversion to last payment: 60.
- 7) Number of months case was pending: 64.
- 8) Total value of assets abandoned by court order: NA.
- 9) Total value of assets exempted: \$11,200.00.
- 10) Amount of unsecured claims discharged without full payment: \$46,620.88.
- 11) All checks distributed by the trustee relating to this case have cleared the bank.

Receipts:

Total paid by or on behalf of the debtor	\$ 73,538.21
Less amount refunded to debtor	\$ 1,005.39
NET RECEIPTS	\$ 72,532.82

Expenses of Administration:

Attorney's Fees Paid Through the Plan	\$ 3,500.00
Court Costs	\$ 0.00
Trustee Expenses & Compensation	\$ 4,519.46
Other	\$ 0.00
TOTAL EXPENSES OF ADMINISTRATION	\$ 8,019.46
Attorney fees paid and disclosed by debtor:	\$ 0.00

Scheduled Creditors:

Creditor Name	Class	Claim Scheduled	Claim Asserted	Claim Allowed	Principal Paid	Interest Paid
BALSLEY & DAHLBERG LLP	Lgl	3,500.00	3,500.00	3,500.00	3,500.00	0.00
HARVARD COMMUNITY CREDIT	Sec	17,000.00	12,055.40	6,537.33	6,537.33	1,718.25
LAKEISHA PHILLIPS	Pri	0.00	NA	NA	0.00	0.00
ILLINOIS DEPT OF HEALTHCARE	Pri	0.00	7,485.06	7,485.06	7,485.06	0.00
ILLINOIS DEPT OF HEALTHCARE	Uns	0.00	4,544.31	4,544.31	4,544.31	0.00
ILLINOIS DEPARTMENT OF	Pri	757.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Pri	1,955.00	16,182.05	16,182.05	16,182.05	0.00
INTERNAL REVENUE SERVICE	Uns	0.00	3,433.38	5,966.81	5,966.81	0.00
INTERNAL REVENUE SERVICE	Pri	916.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Pri	1,885.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Pri	2,052.00	NA	NA	0.00	0.00
INTERNAL REVENUE SERVICE	Pri	4,048.00	NA	NA	0.00	0.00
ACCOUNTS RECEIVABLE	Uns	250.00	NA	NA	0.00	0.00
AMERICOLLECT	Uns	645.00	NA	NA	0.00	0.00
CERTEGY CHECK SERVICES, INC.	Uns	115.00	NA	NA	0.00	0.00
CHILDRENS MEMORIAL HOSPITAL	Uns	3,000.00	NA	NA	0.00	0.00
COMMONWEALTH EDISON	Uns	360.00	NA	NA	0.00	0.00
CREDIT ACCEPTANCE	Uns	2,000.00	3,013.94	0.00	0.00	0.00

Scheduled Creditors:

Creditor <u>Name</u>	Class	Claim <u>Scheduled</u>	Claim <u>Asserted</u>	Claim <u>Allowed</u>	Principal <u>Paid</u>	Interest <u>Paid</u>
PRA RECEIVABLES MANAGEMENT	Uns	250.00	327.71	327.71	327.71	0.00
CREDITORS PROTECTION SERVICE	Uns	4,606.00	NA	NA	0.00	0.00
CRUSADER CLINIC	Uns	221.80	NA	NA	0.00	0.00
DIRECT LOANS	Uns	2,500.00	NA	NA	0.00	0.00
FASHION BUG	Uns	273.00	NA	NA	0.00	0.00
FINANCIAL CREDIT	Uns	2,518.57	NA	NA	0.00	0.00
FIRST PREMIER BANK	Uns	322.00	NA	NA	0.00	0.00
FIVE & DRIVE AUTO SALES, INC.	Uns	5,000.00	NA	NA	0.00	0.00
GRAND VICTORIA RIVERBOAT	Uns	2,000.00	NA	NA	0.00	0.00
I.C. SYSTEMS	Uns	566.41	NA	NA	0.00	0.00
ILLINOIS DEPT OF EMPLOYMENT	Uns	500.00	1,395.60	1,395.60	1,395.60	0.00
MCI	Uns	78.00	NA	NA	0.00	0.00
MEDCLEAR INC.	Uns	792.00	NA	NA	0.00	0.00
MERCY HEALTH SYSTEM	Uns	600.00	NA	NA	0.00	0.00
MUTUAL MANAGEMENT SERVICES	Uns	1,346.00	2,065.23	2,065.23	2,065.23	0.00
NATIONAL CITY BANK	Uns	100.00	NA	NA	0.00	0.00
NCO FINANCIAL SYSTEMS	Uns	106.00	NA	NA	0.00	0.00
NICOR GAS	Uns	930.00	636.17	636.17	636.17	0.00
PHYSICIANS IMMEDIATE CARE	Uns	600.00	NA	NA	0.00	0.00
PORTFOLIO RECOVERY	Uns	319.10	NA	NA	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	12,000.00	NA	NA	0.00	0.00
ROCKFORD HEALTH SYSTEMS	Uns	1,250.00	NA	NA	0.00	0.00
ROCKFORD MERCANTILE AGENCY	Uns	6,146.00	9,773.45	9,773.45	9,773.45	0.00
SPRINT	Uns	335.00	NA	NA	0.00	0.00
ST. ANTHONY MEDICAL CENTER	Uns	89.00	NA	NA	0.00	0.00
STATE OF IL., DEPT. OF EMP. SEC.	Uns	7,500.00	NA	NA	0.00	0.00
U.S. DEPARTMENT OF EDUCATION	Uns	3,403.53	3,077.86	3,077.86	3,077.86	0.00
UIC CLINICS	Uns	255.00	NA	NA	0.00	0.00
UNITED CREDIT SERVICE, INC.	Uns	219.00	NA	NA	0.00	0.00
ROCKFORD HEALTH PHYSICIANS	Uns	0.00	118.64	118.64	118.64	0.00
ASSET ACCEPTANCE CORP	Uns	0.00	1,868.35	1,868.35	1,868.35	0.00
ASSET ACCEPTANCE CORP	Uns	0.00	740.22	740.22	740.22	0.00
MUTUAL MANAGEMENT SERVICES	Uns	0.00	2,076.32	2,076.32	2,076.32	0.00
ILLINOIS ATTORNEY GENREAL'S	Uns	0.00	9,808.87	0.00	0.00	0.00

Summary of Disbursements to Creditors:

	Claim Allowed	Principal Paid	Interest Paid
Secured Payments:			
Mortgage Ongoing	\$ 0.00	\$ 0.00	\$ 0.00
Mortgage Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Debt Secured by Vehicle	\$ 6,537.33	\$ 6,537.33	\$ 1,718.25
All Other Secured	\$ 0.00	\$ 0.00	\$ 0.00
TOTAL SECURED:	\$ 6,537.33	\$ 6,537.33	\$ 1,718.25
Priority Unsecured Payments:			
Domestic Support Arrearage	\$ 0.00	\$ 0.00	\$ 0.00
Domestic Support Ongoing	\$ 7,485.06	\$ 7,485.06	\$ 0.00
All Other Priority	\$ 16,182.05	\$ 16,182.05	\$ 0.00
TOTAL PRIORITY:	\$ 23,667.11	\$ 23,667.11	\$ 0.00
GENERAL UNSECURED PAYMENTS:	\$ 32,590.67	\$ 32,590.67	\$ 0.00

Disbursements:

Expenses of Administration	\$ 8,019.46
Disbursements to Creditors	\$ 64,513.36
TOTAL DISBURSEMENTS:	\$ 72,532.82

12) The trustee certifies that, pursuant to Federal Rule of Bankruptcy Procedure 5009, the estate has been fully administered, the foregoing summary is true and complete, and all administrative matters for which the trustee is responsible have been completed. The trustee requests a final decree be entered that discharges the trustee and grants such other relief as may be just and proper.

Date: 02/20/2013

By: /s/ Lydia S. Meyer
Trustee

STATEMENT: This Uniform Form is associated with an open bankruptcy case, therefore, Paperwork Reduction Act exemption 5 C.F.R. § 1320.4(a)(2) applies.